

Note: This is a sample
template, it is not
an OMB approved
form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Consolidated Telephone Company, Inc.

Service Provider Name

Consolidated Telephone Company, Inc.

Company Address, City, State, Zip

6900 Van Dorn Ste 21
Lincoln, NE 68506

Service Provider Type

☐ Wireless

☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name

Charles L. Fast

Contact Tel

402-489-2728

Fax

402-489-9034

E-mail Address

cfast@neb-sandhills.net

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Logan County-- Exchanges 538 & 645

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

Region 26 Council, Taylor, Nebraska

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

Completed

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Completed

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

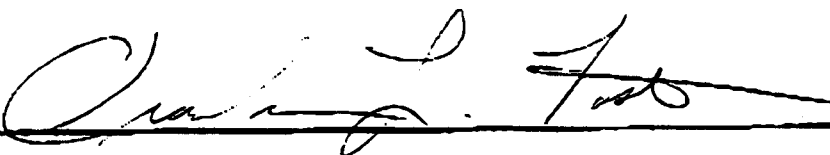
Section 4

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of 1994.

Signature



Printed name of authorized representative

Charles L. Fast

Title Secretary

Date 3/7/02

This filing is:

☒ original filing☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.

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Consolidated Telco, Inc.

Service Provider Name

Consolidated Telco, Inc.

Company Address, City, State, Zip

6900 Van Dorn Ste 21
Lincoln, NE 68506

Service Provider Type

☐ Wireless

☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name

Charles L. East

Contact Tel #

402-489-2728

Fax #

402-489-9034

E-mail Address

~~cfact@neb-sandhills.net~~

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Perkins County --Exchange 326

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

Grant County Sheriff

(b) For each area listed above, provide details of the carrier's progress in completing transition and other work necessary to route 911 calls to the identified emergency response point.

Completed

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Completed

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

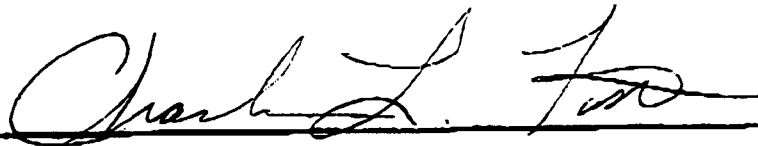
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Section 4

Certification - To be signed by an authorized representative of the reporting entity

- ☒ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.
- ☒ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of 1993.

Signature



Printed name of authorized representative

Charles L. Fast

Title Vice President

Date 3/7/02

This filing is:

☒ original filing☐ revised filing

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